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a real defect, though one that amendment may correct. The ordinance does not except existing stores of merchandise in the hands of druggists or other dealers, who do not know the ingredients and can not state them. That is the plaintiff's plight. \* \* \* In effect, therefore, an absolute prohibition is laid upon the sale of its existing stock. \* \* \* Without warning and without fault, its right of property has been forfeited. There must be many others in a like predicament. We do not need to say that there is no power, even in the legislature, to work this forfeiture. \* \* \* The defect is so far-reaching, it is so deeply wrought into the substance of the law, that there is no opportunity to sever the good from the bad. \* \* \* On the ground that the ordinance in its application to merchandise previously acquired fails to save the rights of dealers unable to comply with its requirements, we hold that the board of health has exceeded the powers delegated to it.

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## ANTIVENEREAL DISEASE NEWS.

The United States Public Health Service, Division of Venereal Disease, is conducting approximately 175 clinics. During the period from November 15 to December 15, 1918, there was a total of 19,456 visits to 29 clinics, or an average daily attendance of 38.1 at each clinic. There were 2,489 new cases, which was an increase of 188 cases over the number of admissions of the preceding month. A total of 25,543 treatments were administered and 11,195 cases were remaining under treatment in the clinics, hospitals, and detention homes on December 15. As a result of 1,845 "follow-up visits" made by the clinic nurses and social workers, there were 1,070 visits to the clinics.

Minnesota has shown good results in her clinics. It is claimed that this is due to extensive social-service work, which involves following up by correspondence as well as by investigation. It has been possible to secure the adherence of incorrigible cases to a routine of precautions, so as to protect others from infection.

Many thousands of letters requesting pamphlets and expressing a desire to assist in the conflict against venereal diseases have been received from various States. Twenty thousand druggists have pledged themselves to refrain from selling nostrums for the treatment of venereal disease. Five thousand pledges not to publish advertisements of quack doctors have been received from newspapers.

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## THE CURE OF VENEREAL DISEASES.

### MESSAGES FROM UNITED STATES SURGEONS GENERAL.

#### Surgeon General of the United States Public Health Service.

You can not compromise with venereal diseases. Unless cured, syphilis and gonorrhea, or "clap," know only one result—the destruction of the human body. Venereal disease in a person's body

must be driven out—every trace of it. Otherwise it will spread and grow worse, sapping strength, undermining health, and leading to serious physical disability; or, like an enemy under fire, it may retreat from sight, leaving the impression that the body is safe and sound again. Unless completely cured it lurks in the body and may break out again, years later. Such is the deceit and treachery of venereal disease.

Self-treatment with simple or patent remedies will not cure venereal disease. It may cause the outward symptoms to disappear, but to cover up a disease is not to cure it.

The only safe and certain way to a complete cure of venereal disease is treatment by a competent physician. It is necessary to continue the treatment until rigid medical tests show a complete cure. Some of the most serious after-effects of venereal disease are due to stopping treatment too soon.

Self-treatment probably costs less in the beginning, but you are fighting a dangerous enemy, and the weapons must be chosen accordingly. The Allies, armed with popguns, could never have defeated Germany. Popguns cost less; but the most expensive things in the long run are those which do not give results, and the self-treatment of venereal disease does not give the desired results.

So if you have intended to treat yourself for a venereal disease, or have started to do so—

**STOP! Even though you may be improving—STOP!—RIGHT NOW!**

Go to a competent physician or venereal clinic. Avoid quack doctors or medical institutes advertising quick cures. They are far more interested in your pocketbook than in your recovery.

Remember that cheap treatment for a dangerous infectious disease never pays. With health wrecked or only partly restored, the money saved by such treatment can give little pleasure.

Always remember that venereal disease *can* be cured. But do not forget that neglected or improper treatment may ruin a person's health beyond repair.

Take no chances when attacked by anything so treacherous as a venereal disease.

RUPERT BLUE,  
*Surgeon General.*

**Surgeon General of the United States Army.**

“Blood remedies that promise to eradicate syphilis should not be relied upon under any conditions, and the same applies to ‘sure shots’ for gonorrhea, which may stop discharges, but will not cure.”—  
*Surgeon General of the Army.*

Surgeon General of the United States Navy.

"Self-treatment of venereal disease is not permitted in the Navy. All cases must be treated under the direction of a medical officer. No other method would be tolerated."—*Surgeon General of the Navy.*

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## SOME ASPECTS OF MALARIA CONTROL THROUGH MOSQUITO ERADICATION.

By C. W. METZ, Special Investigator, United States Public Health Service.

From a sanitary standpoint one of the most striking accompaniments of the recent military activities in this country has been the institution of malaria-control operations on a scale probably never before attempted except on the Isthmus of Panama during the construction of the canal. These operations have been intended primarily to prevent the introduction and spread of malaria in the various newly established cantonments, munition factories, and other places of military importance, but they of necessity also embraced large areas of civilian territory and have affected a vast rural and urban population. In connection with this campaign practically all known anti-malaria measures have been used, including quininization, screening, etc., but the great bulk of the work has been devoted to mosquito eradication. Within the actual military areas themselves this work has been conducted principally by the Army Medical Corps. In the surrounding zones—constituting by far the larger and more menacing territory—however, it has fallen to the lot of the United States Public Health Service, aided by such local health organizations as happened to be available in the respective localities.

To meet the requirements of the sudden exigency, the Public Health Service force engaged in malaria control was, of course, rapidly enlarged and put immediately to work, without the formality of complete standardization of methods and organization that might have been effected had more time been available.<sup>1</sup> As a result the conduct of operations in the various extra-cantonment zones, although based upon the same general principles throughout, has differed somewhat from place to place, so that it is difficult to include all of the methods of procedure in one general statement. Consequently, the following account will be based largely upon the operations with which the writer is personally familiar, and will not attempt to cover all of the modifications of procedure to be found in different regions.

It should also be made clear at this point that the present communication makes no pretence at being a complete discourse on mosquito

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<sup>1</sup> It might be added, parenthetically, that a great deal of good has come from this necessity. With many men working along the same lines in different parts of the country, and each presented with his own local problems, the result has been that numerous innovations, ingenious methods, more efficient tools, etc., have been introduced, greatly to the benefit of the operations as a whole.